

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00
9-16-05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:03

DOCUMENT # L04000044001

1. Limited Liability Company's Name

LPM INVESTMENTS, LLC.

2. Principal Office Address

1760 Bell Tower Lane

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33326

Country

USA

3. Mailing Office Address

1760 Bell Tower Lane

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33326

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6/10/2004

6. FEI Number

20-3332136

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Laura M. Swanberg

Street Address (P.O. Box Number is Not Acceptable)

1760 Bell Tower Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Laura M. Swanberg

REGISTERED AGENT MUST SIGN

Date

06/15/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Laura M. Swanberg	1760 Bell Tower Lane	Weston, Florida 33326
MGR	Pilar Ronderos	1760 Bell Tower Lane	Weston, Florida 33326
MGR	Mariella Perez-Ponce	1760 Bell Tower Lane	Weston, Florida 33326

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REINSTATEMENT

05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Laura M. Swanberg

Date

06/15/06

Daytime Phone #

954-647-3694

Laura M. Swanberg

Typed or printed name of signing Managing Member/Manager